

FILED SEP 12 1941

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 5048

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wheatley Provident Hospital
 (If not in hospital or institution, write street number or location)
1 day
 (d) Length of stay: In hospital or institution 22 years 0 (Specify whether
 years, months or days)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson 048
 (a) State Kansas City (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1301 Garfield
 (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Clarence Potts, Jr.
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 22 year _____ hour _____ minute _____ M. 41
 21. I hereby certify that I attended the deceased from _____ to _____ 19____
 that I last saw him/her _____ and that death occurred on the date and hour stated above. _____ 19____
 Immediate cause of death _____
Intestinal Obstruction
 Due to Chronic Catarrh Pentones
 Due to _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 8 1915
 (Month) (Day) (Year)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years 25 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Dallas Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur
Private Family

11. Industry or business Clarence Potts

12. Name Clarence Potts
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Temple Pool
 15. Birthplace Denison Texas
 (City, town, or county) (State or foreign country)

16. (a) Informant Lottie Hudson
 (b) Address 1301 Garfield

17. (a) burial (b) Date thereof 8/27/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stallins
 (b) Address 1729 Lydia

19. (a) 8/26/41 (b) m m Crow
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Raschinger (M. D. or other) 3
 Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

868

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Isaac Jerome Manly

Licensed Embalmer No.

3994

P. O. Address

2583 Highlun

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.